

Chris Aquino

From: WMATC E-Filing <administrator@wmatc.gov>
Sent: Wednesday, January 13, 2016 12:37 PM
To: Constantine Kolouas; Chris Aquino
Subject: 2016 Annual Report - WMATC No: 316, Carrier Name: The Hospital for Sick Children

Washington Metropolitan Area Transit Commission 2016 Carrier Annual Report Form

FILING INFORMATION:

- Each carrier holding a WMATC certificate of authority on January 1, 2016, must file a complete 2016 annual report and pay a \$175 annual fee on or before **February 1, 2016**. To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on that date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **\$150 late fee**. Each carrier that fails to pay the \$175 annual fee on time will be assessed a separate **\$150 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 1, 2016.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

Read the accompanying instructions carefully before completing this form.

1. ANNUAL REPORT OF:

WMATC No.: 316

Name of Carrier (as shown on certificate of authority): The Hospital for Sick Children

Trade Name: The HSC Pediatric Center

Principal Place of Business

Street Address: 1731 Bunker Hill Road

Apt./Suite:

City: Washington

State: DC

Zip: 20017

Mailing Address (if different from street address)

Street:

Apt./Suite:

City:

State:

Zip:

E-mail: rbarnard@hospsc.org

Maryland PSC No.:

E-mail: rbarnard@hospsc.org

E-mail:

5. *CHANGES: Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

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6. *LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS: (1) list your vehicles below or (2) upload a complete vehicle list to this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include all required information.

Fleet No.	Year*	Make*	Vehicle VIN*	License Plate*	State*	Seating Cap.*	Wheel Chair
1	2007	Chevrolet	1GAHG39U371173854	B40926	DC	15	No
2	2000	Ford	1FDWE35S5YHB62867	B39287	DC	8	Yes
3	1997	GM	1GBLP37FXT3312189	B39584	DC	7	Yes
4	2013	Ford	1FDEE3FLXDDA09390	B45244	DC	8	Yes

***Filer has chosen vehicle list option (1), vehicles listed above. No vehicle list file was uploaded.**

7. *CERTIFICATION:

I certify that this report, including any attachments, was prepared by me and under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Name: Robert R. Barnard

Title: Transportation Manager

Date: 01/13/2016